

APPENDIX A

CERTIFIED DIABETES EDUCATOR EXAMINATION COMPETENCIES

COMPETENCY NUMBER	COMPETENCY	COMPETENCY GROUP
	** The term "Diabetes" shall include "Prediabetes", where applicable**	
1.0 Pathophysiology		
1.A	Describes the basic pathophysiology of diabetes including characteristic signs and symptoms.	1-A
1.B	Distinguishes between the major types of diabetes in terms of etiology, prevention, defining characteristics and incidence, and prevalence.	2-A
1.C	Identifies normal and abnormal blood glucose ranges in fasting and post-prandial states.	1-A
1.D	Describes the effect of insulin and the counter-regulatory hormones.	1-A
1.E	Describes the effects of nutrition and exercise on blood glucose.	1-A
1.F	Identifies the risk factors which contribute significantly to the microvascular, macrovascular and neurological complications of diabetes.	1-A
1.G	Identifies the appropriate responses to a client's questions concerning the genetic transmission of diabetes.	2-B
1.H	Identifies the effects of hormonal changes at different life stages on blood glucose levels.	2-B
1.I	Identifies the diagnostic criteria for all types of diabetes.	2-A
2.0 Nutrition		
2.A	Assesses nutrition education needs.	1-A
2.B	Identifies appropriate nutrition strategies for persons with diabetes.	1-A
2.C	Plans individualized nutrition strategies to accommodate life cycle stages, socio-economic and other lifestyle factors (e.g. shift work, physical activity, travel, alcohol and delayed meals).	1-A
2.D	Plans nutrition strategies to accommodate nutritional needs for persons with diabetes who also have secondary complications.	1-B
2.E	Describes the following nutritional issues in relation to diabetes management: glycemic index, nutrient values of food, fats, fibre, and artificial sweeteners.	2-A
2.F	Describes the rationale and use of the <i>CDA's Beyond the Basics: Meal Planning for Healthy Eating, Diabetes Prevention and Management</i> .	2-B
2.G	Estimates the food choice value of foods based on nutrition information provided.	2-B
2.H	Describes the rationale for and the use of the "carbohydrate counting" method.	2-A
2.I	Identifies nutrition strategies to manage "sick days".	1-B

3.0 Self-Care Management		
3.1 Medications		
3.1.A	Describes different types of oral medications used to treat diabetes in terms of action, sources, indications for use, side effects, safe administration and precautions.	1-A
3.1.B	Describes different types of insulin in terms of action, sources, indications for use, side effects, safe administration and precautions.	1-A
3.1.C	Describes the rationale for common insulin regimens.	1-A
3.1.D	Describes various insulin delivery systems and their advantages or disadvantages.	2-A
3.1.E	Identifies factors that affect subcutaneous insulin absorption.	1-B
3.1.F	States current recommendations for the care and storage of insulin during everyday use and travel.	1-B
3.1.G	Understands responses to situations in which an insulin adjustment is recommended.	1-A
3.1.H	Identifies the effects of prescription medications commonly used by people with diabetes.	1-B
3.1.I	Identifies the effects of non prescription remedies commonly used by people with diabetes.	1-B
3.2 Hypoglycemia		
3.2.A	Describes hypoglycemia in terms of signs, symptoms, causes, treatment and prevention.	1-A
3.2.B	Identifies hypoglycemia unawareness in terms of presenting symptoms, potential causes, diagnostic methods and treatment plan.	1-A
3.2.C	Recognizes a potential Somogyi effect and dawn phenomenon and describes appropriate interventions.	1-B
3.2.D	Describes how to alter the treatment plan to prevent or respond to hypoglycemia.	1-A
3.2.E	Provides information on MedicAlert identification.	2-B
3.3 Activity		
3.3.A	Describes the benefits and risks related to various types of physical activity for individuals with type 1 and type 2 diabetes and identifies strategies to deal safely with physical activity.	1-A
3.3.B	States the potential effect(s) of physical activity on blood glucose levels, in euglycemic, hypoglycemic and hyperglycemic states.	1-A
3.4 Urine Monitoring		
3.4.A	Describes the clinical recommendations of urine testing for ketones and microalbuminuria.	1-B

3.5 Blood Glucose Monitoring		
3.5.A	Describes the purpose, potential benefits and appropriate scheduling of SMBG.	1-A
3.5.B	Describes the purpose and methods of quality control for SMBG.	2-A
3.5.C	Describes the factors contributing to variances and acceptable levels of variance, between SMBG and laboratory results.	2-B
3.5.D	States the definition, interpretation, purpose and recommended frequency of A1C testing.	2-A
3.5.E	Given case situations with blood glucose levels, medication doses, meal plan and activity levels, analyzes the relationship between them, identifies the need for alteration(s) and recommends an appropriate course of action.	1-A
3.5.F	Describes acceptable protocols for the use of blood testing devices used outside of home or health-care institutions (e.g. daycare settings).	2-B
3.6 Hyperglycemia		
3.6.A	Differentiates between hyperglycemia, diabetic ketoacidosis and hyperosmolar hyperglycemic state (HHS) in terms of pathophysiology, etiology, progression in signs and symptoms and intervention and prevention.	1-B
3.6.B	Identifies appropriate self care action to take during a period of concurrent illness.	1-B
3.7 Foot Care		
3.7.A	Describes presenting symptoms, potential causes, diagnostic methods and treatment plans related to problems that may be present with feet.	1-B
3.7.B	Describes strategies to prevent foot problems.	1-B
3.8 Safety		
3.8.A	Provides information on safe disposal of "sharps".	2-A
3.8.B	Discusses infection control issues related to diabetes equipment.	2-A
3.9 Research		
3.9.A	Discusses the findings and implications of current major research to practice	2-B
4.0 Psychosocial / Lifestyle		
4.A	Assess the relationship between social and socio-economic support systems, environment and daily living with diabetes.	2-A
4.B	Identifies potential psychosocial strengths and barriers to diabetes self-care.	2-A
4.C	Identifies the impact of diabetes on life events, including interpersonal relationships, vocation, education and recreation.	2-A
4.D	Differentiates between characteristics of normal grieving and depression (related to diabetes) requiring psychological consultation/intervention.	1-B
4.E	Uses communication strategies to promote therapeutic interaction.	2-A
4.F	Discusses potential effects of substance abuse on diabetes self-care.	1-B
4.G	Identifies potential destabilizing effects of stress on blood glucose and approaches to self care.	2-A
4.H	Describes possible alterations in sexual function, contributing factors and potential interventions.	2-B

4.I	Describes strategies and information that can be used to facilitate decision-making for contraception.	2-B
4.J	Discusses the impact of cultural background and beliefs on adaptation to diabetes and self care practices.	2-B
4.K	Identifies psychological disturbances and devises educational plans for individuals with these disturbances.	2-B
4.L	Identifies possible feelings or attitudes held by the person with diabetes at various stages in the life cycle and describes appropriate interventions.	2-A
4.M	Identifies strategies for facilitating behaviour change.	2-A

5.0 Special Situations

5.A	Identifies aspects of assessment, education and management that are unique to the elderly.	1-B
5.B	Devises an educational plan for a person with psychomotor/sensory deficits and diabetes.	2-B
5.C	Identifies aspects of assessment, education and management that are unique to children and/or adolescents with diabetes.	1-B
5.D	Identifies aspects of assessment, education and management that are unique to pregnant women with type 1, type 2 or gestational diabetes.	1-B
5.E	Identifies conditions in which diabetes may be a secondary complication.	2-B
5.F	Describes the potential chronic complications of diabetes in terms of pathophysiology, associated risk factors, frequency, recommendations for screening, prevention, management and education.	1-A
5.G	Outlines activities to facilitate safe travel.	1-B
5.H	Describes the principles and application of intensive diabetes management.	1-B
5.I	Describes strategies for dealing with preparation for surgery or diagnostic tests.	1-B

6.0 Education Theory

6.A	Applies principles of learning to the development of teaching plans.	2-A
6.B	Adapts educational strategies based on principles of motivation for learning.	2-A
6.C	Applies principles of education.	2-A
6.D	Acknowledges and plans activities for people with different learning styles.	2-A
6.E	Identifies principles of program development.	2-B
6.F	Identifies appropriate use, advantages and disadvantages of various teaching methods and tools.	2-B
6.G	Differentiates between cognitive, affective and psychomotor behavioural objectives.	2-B
6.H	Defines components of a quality improvement process for diabetes education.	2-B
6.I	Describes the Standards for Diabetes Education in Canada and applies them in program development.	2-B
6.J	Describes the components of the Transtheoretical Model of Behaviour Change and applies this model in developing teaching / counselling strategies	2-B